

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
APPLICANT(S)	

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1				101			51						
2				102			52						
3				103			53	1					
4				104			54						
5				105			55						
6				106			56						
7				107			57						
8				108			58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65	1					
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81			27			
32							82	1					
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89			39			
40							90	1					
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100			60			
TOTAL IND.							TOTAL IND.	4					
TOTAL DEP.							TOTAL DEP.	52					
TOTAL CLAIMS							TOTAL CLAIMS	56					